

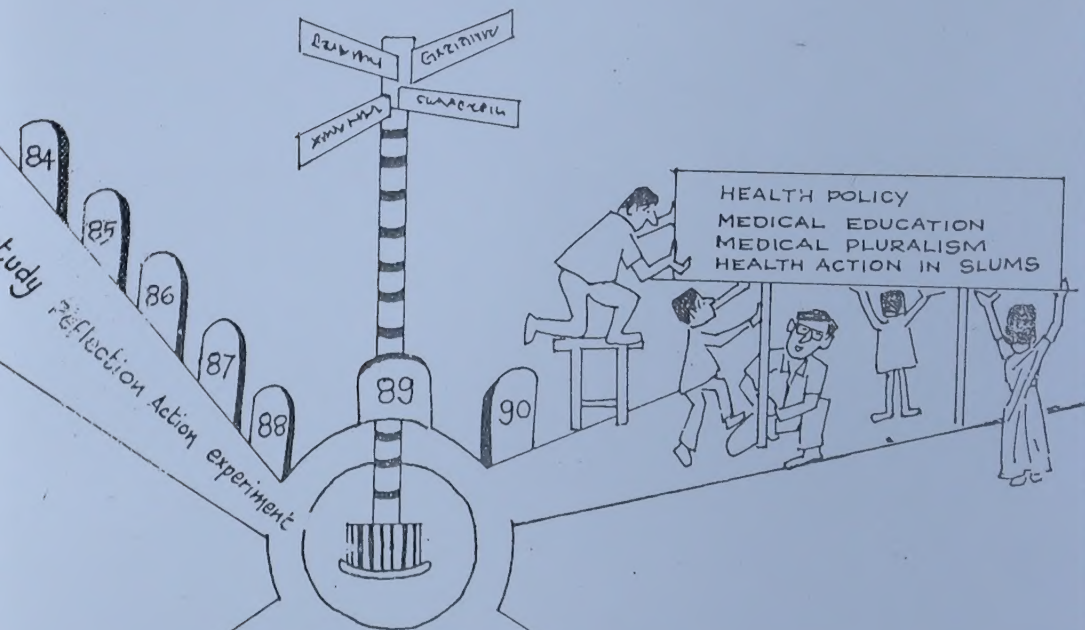
NOW TO A STORY OF

- PERSONAL GROWTH
 - COLLECTIVE QUEST
 - MEDICAL COLLEGE TO A
TEACHING COMMUNITY
 - MEDICINE TO HEALTH
 - PUBLIC HEALTH TO COMMUNITY
COMMUNITY MEDICINE HEALTH
 - PROVIDING TO ENABLING
 - A CONTINUING QUEST FOR
PATTERNS
CLARITY
RELEVANCE
-

CHC newsletter

July 1, 90

an occasional publication



"If you have built castles in the air,
your work need not be lost,
that is where they should be.
Now put the foundations under them".

- Thoreau

Maggi

1984
→

COMMUNITY HEALTH CELL

Study-reflection
Action experiment
in COMMUNITY HEALTH

Focus → India - Principles
Karnataka Process

Team of Four
Based in informal cell
(Bangalore)

Supportive Consultancy
to
NGO/Volags in Karnataka
+
VHAI
CHAI
Ford
UNICEF

Coordinating
Agencies.

DEVELOPMENT DEBATE

Present mode of Development

Socio-ECONOMIC CHANGES?

ECOLOGICAL CHANGES?

HEALTH & NUTRITION
CHANGES?

medico Friend circle

National network of
Doctors and Health
activists

→ Relevant Health Policy
& Medical Education
for INDIA

→ + Core group of
40 all over
INDIA

- Convenor - Organisation
responsibility

- Editor - mfc monthly
bulletin

- Health and Medicine
- under the Lens
(III Anthology)

- Meetings

Alternatives in Medical
Education
(IV Anthology)

TE and Society

Issues in Environmental
Health
Case study: Pesticides

- Research

Bhopal Disaster

Epidemiological Study
Pregnancy Outcome

- Movement

All India Drug
Action Network.

STUDY-REFLECTION FINDINGS

PROCESS OF ENABLING PEOPLE/COMMUNITIES
TO INCREASE THEIR
RESPONSIBILITY AND AUTONOMY
OVER
ORGANISATIONS,
MEANS,
OPPORTUNITIES,
KNOWLEDGE,
SUPPORTIVE STRUCTURES,
THAT MAKE HEALTH POSSIBLE. (EMPOWERMENT)

PROCESS TO INTEGRATE MEDICAL/HEALTH INTERVENTIONS
WITH
DEVELOPMENT - AGRICULTURE
INCOME GENERATION ETC.
EDUCATION - Formal & Non Formal

PHC

PROCESS TO MAKE HEALTH INTERVENTIONS MORE RELEVANT,
COST EFFECTIVE, APPROPRIATE, ACCESSIBLE.
THROUGH

APPROPRIATE TECHNOLOGY - Technology per se.
Health Information
Health Communication

PHC

UTILIZATION OF TRADITIONAL COMMUNITY RESOURCES,
MANAGEMENT TECHNIQUES.

PROCESS OF INITIATING A DEMOCRATIC, PARTICIPATORY
DECENTRALISED DECISION MAKING PROCESS
THROUGH

COMMUNITY PARTICIPATION

HEALTH COMMITTEES

CLUBS/COOPERATIVES

VILLAGE BASED WORKERS, ETC.

PHC

PROCESS INVOLVING DEMOCRATIC, PARTICIPATORY,
DECISION MAKING AND PLANNING
WITHIN
COMPONENTS OF HEALTH TEAM
AT ALL LEVELS.

PROCESS INVOLVING COMMUNITY AWARENESS
BUILDING CHARACTERISED BY
DEMYSTIFYING
CONSCIENTIZING
NON-FORMAL
PROBLEM SOLVING
PEDAGOGICAL PROCESS.

PROCESS INVOLVING COMMUNITY 'BUILDING' AND
GROUP EMPOWERING ACTIONS RECOGNISING
INEQUITOUS AND STRATIFIED SOCIETY
CONFLICTS OF INTEREST
INEVITABLE SOCIAL TENSIONS
ORGANISING MARGINALISED/EXPLOITED
ABSENCE OF 'COMMUNITY' EVEN AMONG POWERLESS.

PROCESS INVOLVING CONFRONTATION OF 'MEDICAL
MODEL PERSPECTIVES' IN HEALTH ACTION INCLUDING
OVER MEDICALIZATION
COMPARTMENTALIZATION
PHYSICAL OVER-BIAS
OVER PROFESSIONALIZATION
OVER EMPHASIS ON DRUGS/TECHNOLOGY
PREOCCUPATION WITH ALLOPATHY
AND EVOLUTION OF NEW APPROACHES

● PROCESS CONFRONTING EXISTING COMPONENTS OF THE MEDICAL/HEALTH SUPERSTRUCTURE

HOSPITALS/DISPENSARIES/HEALTH CENTRES

MEDICAL/NURSING EDUCATION

PARA-MEDICAL TRAINING INSTITUTIONS

MEDICAL RESEARCH CENTRES

PROFESSIONAL ASSOCIATIONS

MEDICAL SPECIALISTS
/ SPECIALIZATIONS

TO BECOME MORE

- | | |
|----------------------------------|--|
| ● PEOPLE ORIENTED | Sensitive to social realities of large majority |
| ● COMMUNITY ORIENTED | Problems of community, not individuals only |
| ● SOCIO-EPIDEMIOLOGICAL ORIENTED | Recognise multi-dimensional nature of Health. |
| ● DEMOCRATIC | Participatory in Planning / decision making process. |
| ● ACCOUNTABLE | Medicine/Technology/ Actions subservient to peoples need and societal goals. |
| ● RELEVANT | Appropriate/ Cost effective/ Culturally acceptable etc |

COMMUNITY HEALTH INITIATIVES

RURAL DEVELOPMENT PROGRAMME
WITH HEALTH COMPONENT

MEDICAL/HEALTH PROGRAMME
BASED IN COMMUNITY

INTEGRATED DEVELOPMENT PROGRAMME
IN A TRIBAL AREA

ADULT EDUCATION/NON FORMAL EDUCATION
PROGRAMME WITH HEALTH COMPONENT

SCIENCE EDUCATION/AWARENESS
BUILDING MOVEMENT IN COMMUNITY
/STATE

COMMUNITY EXTENSION/OUTREACH
PROGRAMME OF MEDICAL INSTITUTION
(Hospital, Dispensary)

DEVELOPMENT AND HEALTH ANIMATORS
/ORGANISERS TRAINING PROGRAMMES

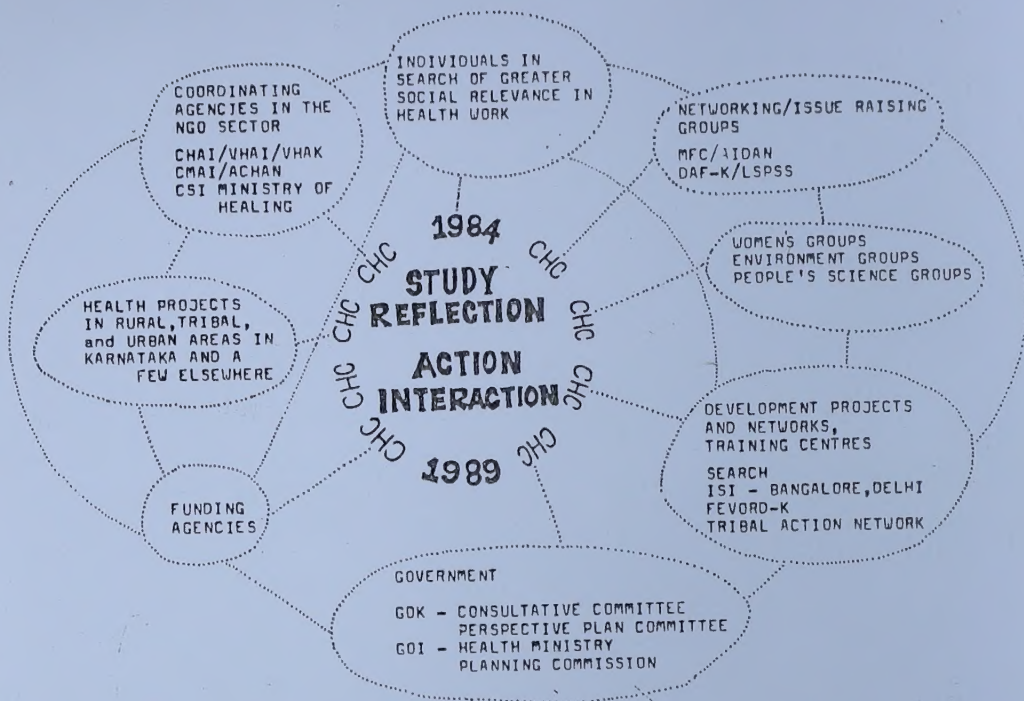
SCHOOL BASED HEALTH PROGRAMMES

HEALTH COMPONENT IN ENVIRONMENTAL
MOVEMENT / TRADE UNION MOVEMENT /
WOMEN'S MOVEMENT / OTHER SOCIAL MOVEMENT

HEALTH AND COMMUNITY ACTION INITIATORS
IN URBAN SLUMS.

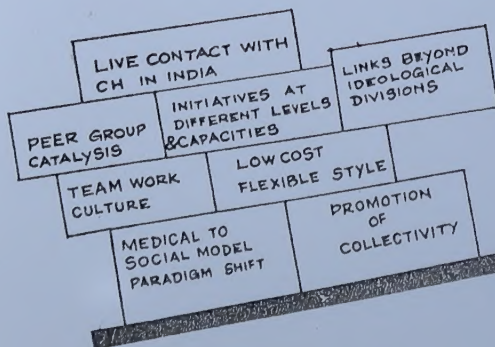
COORDINATING GROUPS IN VOLUNTARY HEALTH
ASSOCIATIONS / DOCUMENTATION / COMMUNICATION

CHC - THE WEB OF INTERACTION

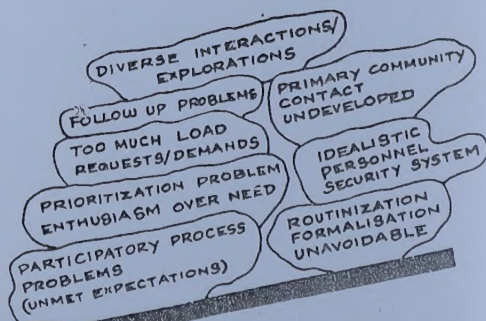


CHC - A SWOT ANALYSIS

STRENGTHS-OPPORTUNITIES

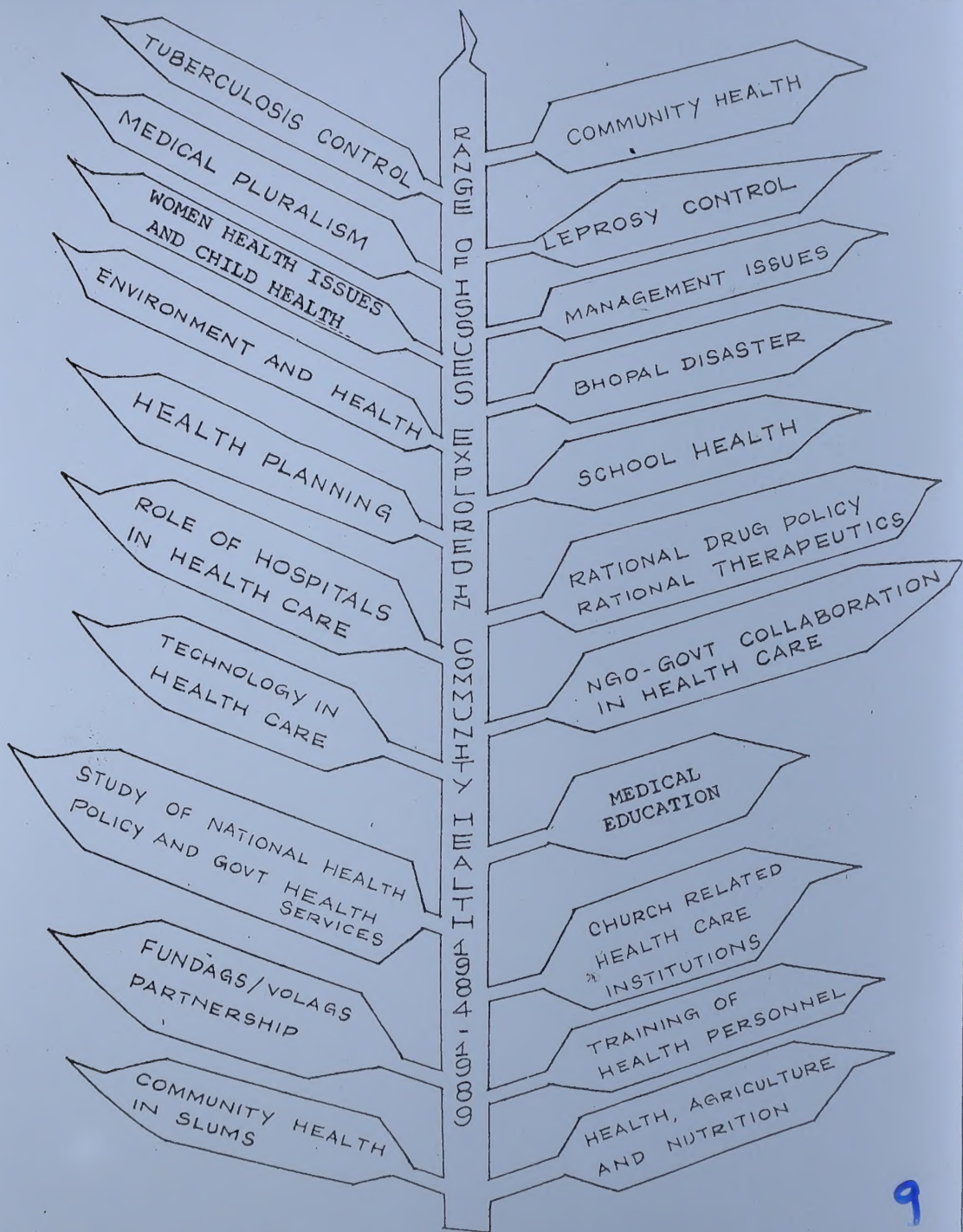


WEAKNESSES-THREATS

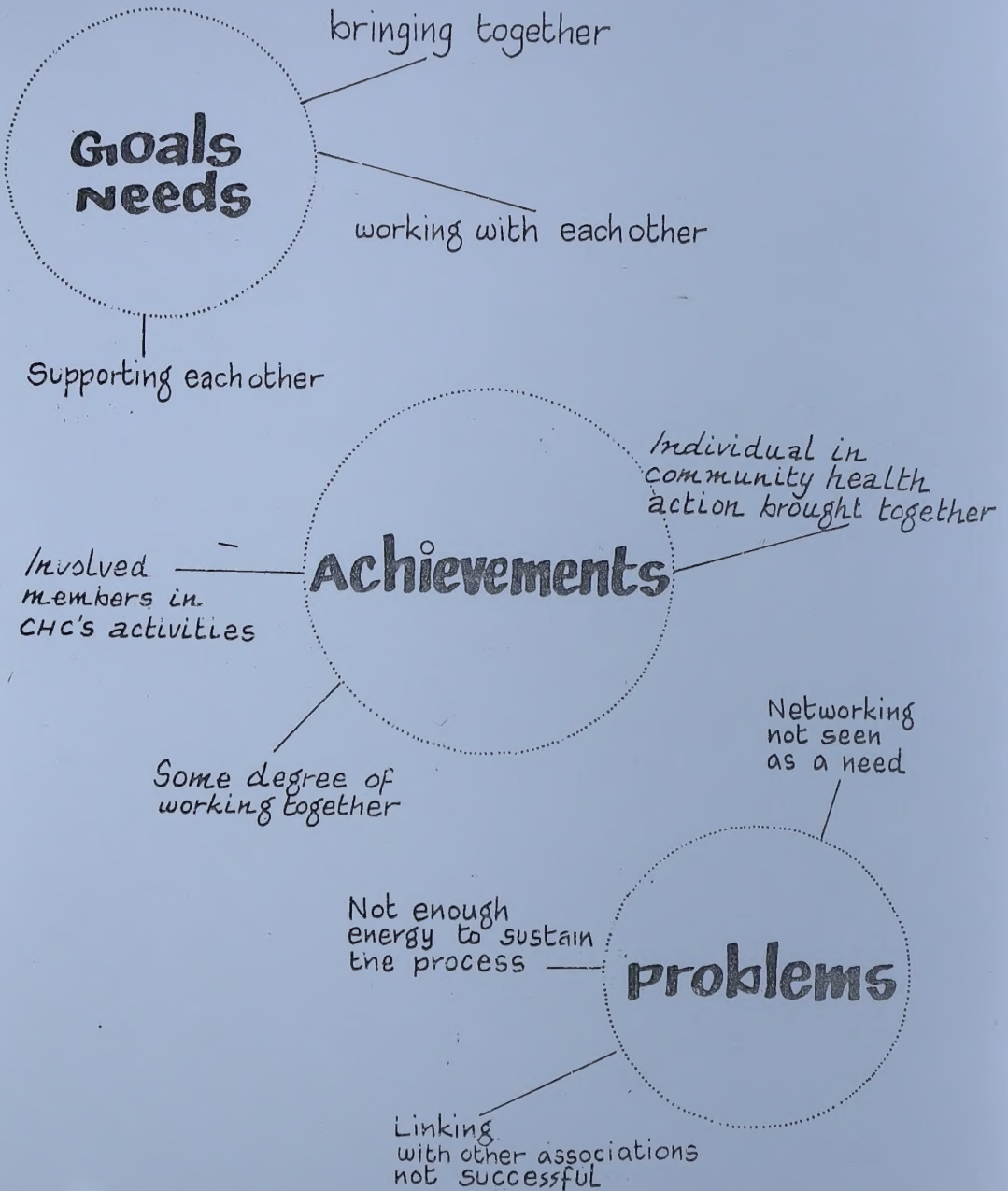


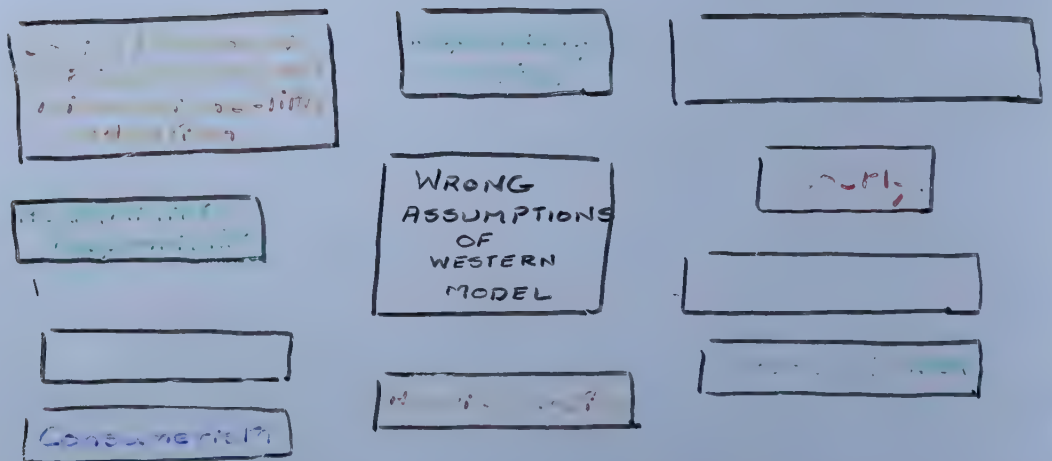
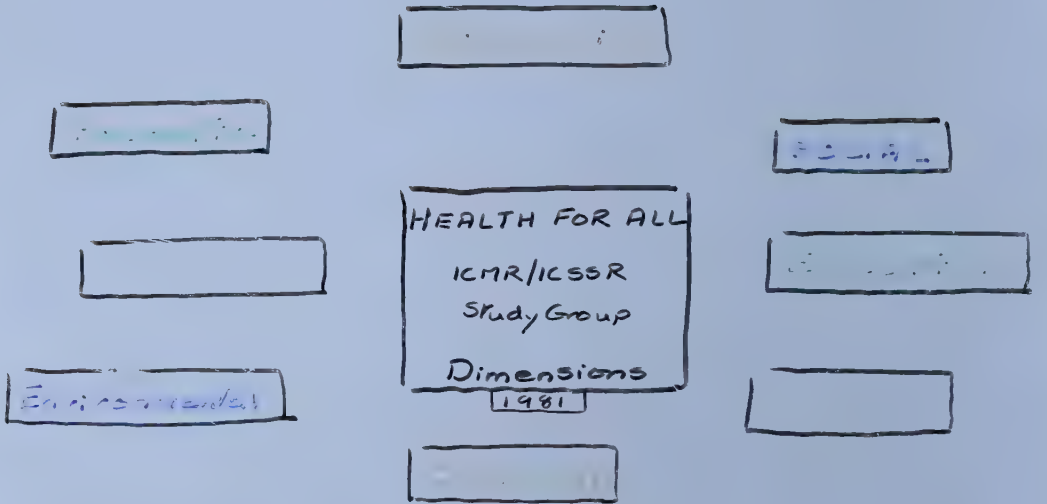
any others ???

CHC
EXPERIENCES

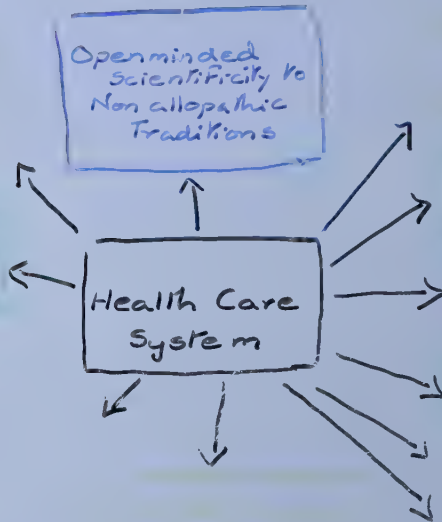


NETWORKING





More of the Present → Costly Waste Ful → Will complicate Health problems instead of solving it.



Medico-Friend Circle
(A thought current)
1976 →

RANGE OF ISSUES EXPLORED IN COMMUNITY HEALTH 1984-'89

COMMUNITY HEALTH

LEPROSY CONTROL

SCHOOL HEALTH

POPULATION ISSUES
MCH
NATURAL FAMILY PLANNING

STUDY OF NATIONAL
HEALTH POLICY AND
GOVT HEALTH SERVICES

COMMUNITY HEALTH
IN SLUMS

TUBERCULOSIS CONTROL

ROLE OF HOSPITALS
IN HEALTH CARE

TECHNOLOGY IN
HEALTH CARE

TRAINING OF
HEALTH PERSONNEL

MANAGEMENT ISSUES

THE BHOPAL DISASTER

FUNDAGS/VOLAGS
PARTNERSHIP

HEALTH PLANNING

RATIONAL DRUG POLICY
RATIONAL THERAPEUTICS

NGO-GOVT COLLABORATION
IN HEALTH CARE

CHURCH RELATED
HEALTH CARE
INSTITUTIONS

MEDICAL PLURALISM

WOMEN HEALTH ISSUES

ENVIRONMENT
AND HEALTH

HEALTH, AGRICULTURE
AND NUTRITION

ORIGINS OF A RESEARCH APPROACH, INTEREST IN CHC (FROM 1983)

THE NEED TO LEARN MORE ABOUT THE
DETERMINANTS AND DYNAMICS OF COMMUNITY
HEALTH ACTION AS IT TAKES PLACE IN
DIFFERENT SITUATIONS

THAT THERE IS AN INFORMATION GAP

- AMONG CH + D GROUPS, about
- SIMILAR / DIFFERENT ACTION IN OTHER PLACES
- ABOUT GOVT. POLICIES AND PROGRAMMES
- 2 IN THE GOVT. ABOUT CH. ACTION IN THE FIELD.

TO PLAY A CATALYST / SUPPORT ROLE.

CHC - RESEARCH EFFORTS (1984-1992)

Study Reflection on Community Health

Bhopal intervention through The m.f.c

support role in

- socio-epidemiological survey
- pregnancy outcome
- Review of all epidemiological studies

With ICORECI

planning phase of an

Evaluation of the National T.B. Control Programme.

1. Evaluation of CHDP KSES

5. Evaluation of Child Survival Child Development Programme of CMAI.

6. Study on

Strategies towards greater community orientation and social relevance of medical education in India

A 2 year study sponsored by CMAI-CHAI

7. CHAI Golden Jubilee Evaluation Study

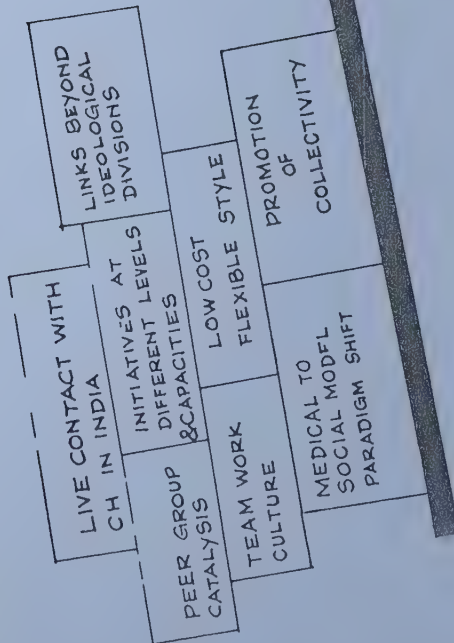
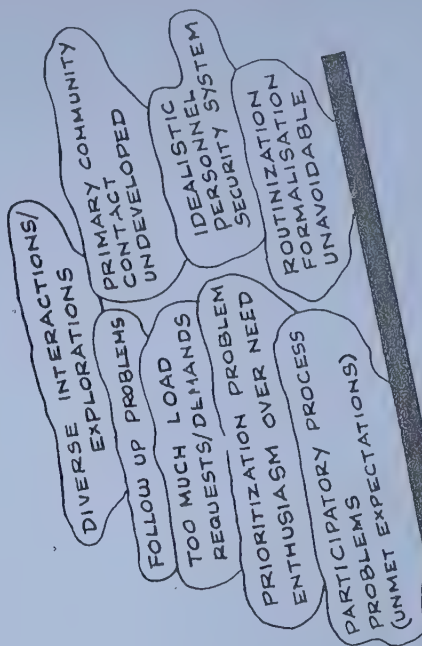
1 1/2 year study - on going.

8. Evaluation of Reaching the Unreached, Modursi

CHC-A SWOT ANALYSIS

STRENGTHS-OPPORTUNITIES

WEAKNESSES-THREATS



any others???

CHC

EXPERIENCES

THE ALTERNATIVE

CH-TRAINERS

1970's →

AMBLIKAI

JAMKHED

DEENABANDHU

PACHOD

RUHSA

INSA

SJMC

VHAI

CHAI

CMAI

THE ALTERNATIVE

DEVELOPMENT TRAINERS

SEARCH

TRACE

BSC (Ahmedabad)

ISI (Bangalore)

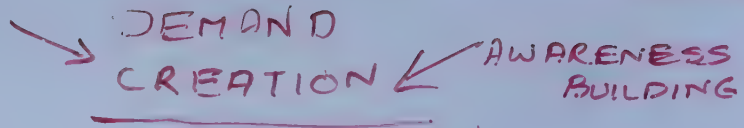
ICRA (Bangalore)

AND

AND

EDUCATION
FOR
HEALTH

PHC/NGO!



HEALTH

DEMAND



- RIGHT
- RESPONSIBILITY
- VESTED INTEREST

HEALTH CARE IN INDIA - (An overview)

- AN INDIAN OVERVIEW.
- SJMC → CHC Transition.
- Health Care - Crisis & Challenge
- HOW CAN YOU BE INVOLVED

NEWS FROM/OF SJMC → SJNAHS

NEWS FROM/OF ALUMNI

THEME: COMMUNITY HEALTH ACTION
: THE OLD FORM PARADIGM
SHIFT

PARADIGM: A 'NEW PATTERN OF IDEAS'

ACTION: COMMUNITY LEVEL
INTERACTION

PROJECT	RESEARCH
PROGRAMME	TRAINING
MOVEMENT	ACTION

NOT EITHER OR BUT
CHANGE OF EMPHASIS

↓
NEW INITIATIVES
CREATIVE OPTIONS
SUSTAINABLE-EFFECTIVE
PROCESSES

PROBLEM: IN CRISIS OF HEALTH
RELEVANT EVERYWHERE

IDEA/CONCEPT: NOT NEW
BUT ENDORSEMENT
FURTHER DEVELOPMENT



Interactive Dialogue

- TB + SOCIETY
- MEDICAL EDUCATION
- ENVIRONMENT + HEALTH
- REVITALISING mFc

RATIONAL DRUG CAMPAIGN

- mFc initiatives
 - study
 - newsletter
- AIDAN formation

THE mFc phase (1984-86)

BHOPAL Involvement

- SOCIO EPIDEMIOLOGICAL STUDY
- COMMUNICATION STRATEGY
- AWARENESS BUILDING ON ISSUES

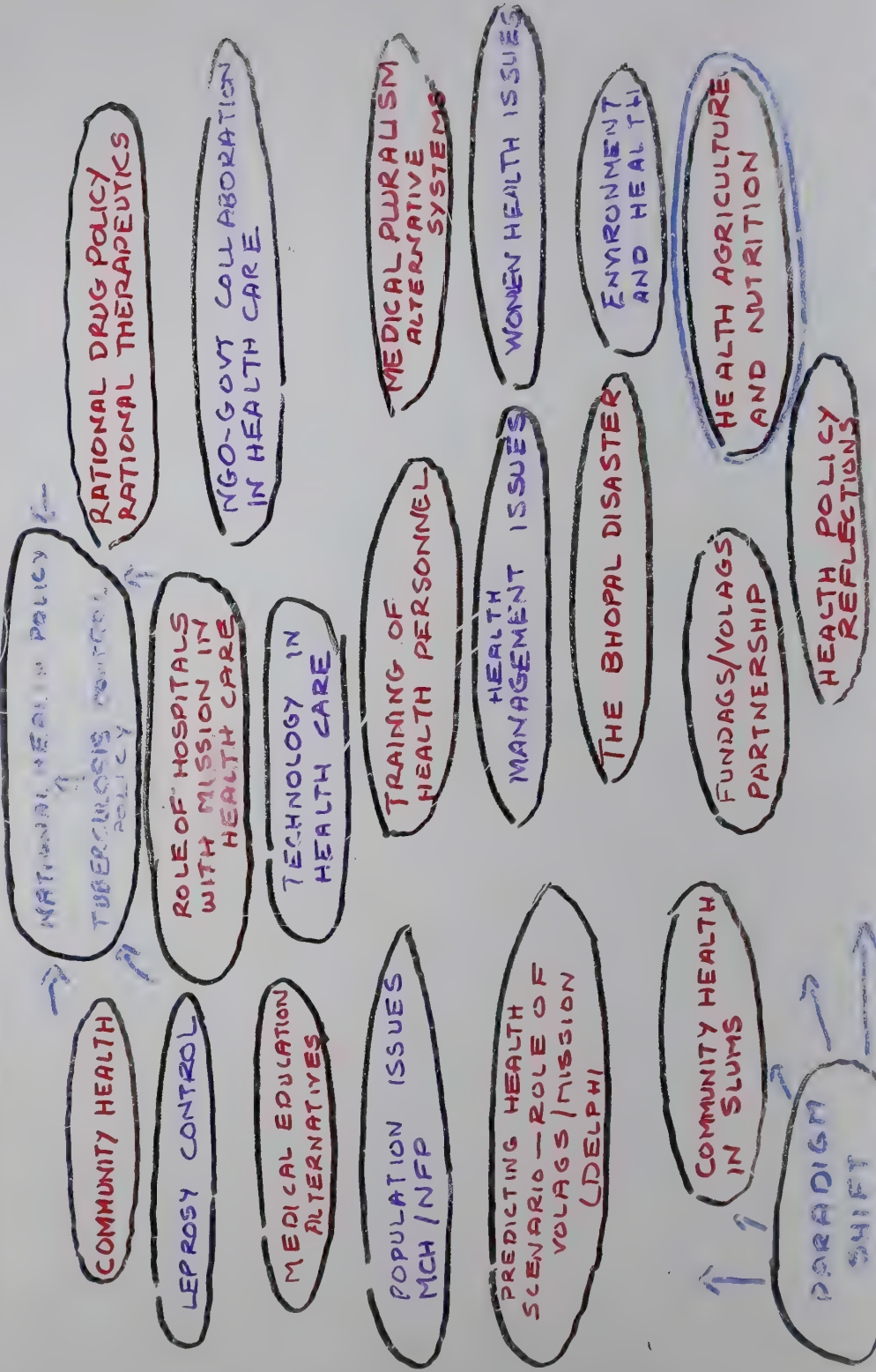
mFc Bulletins

101-120

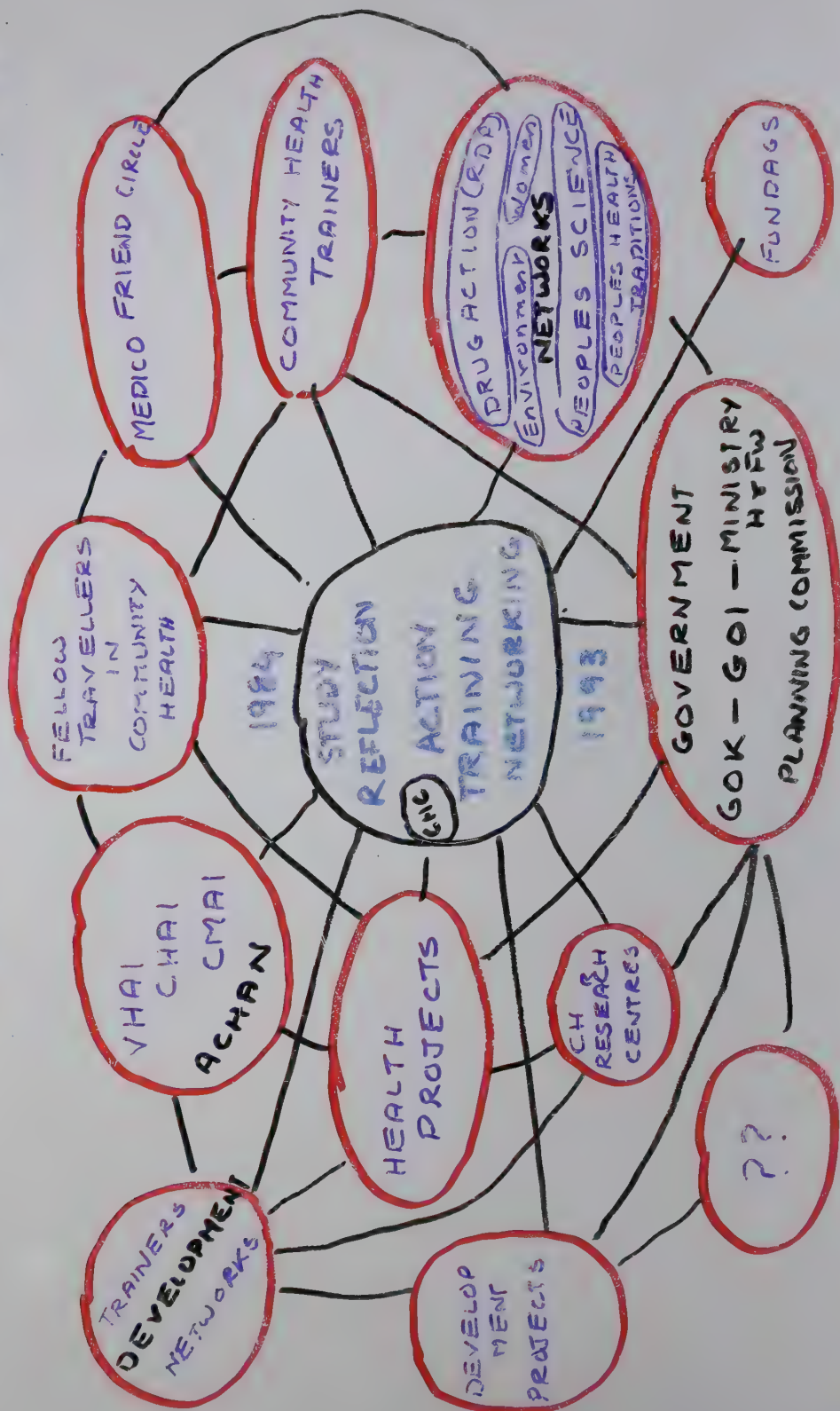
+

- Special Newsletters
- Medical Education Anthology
- Bhopal Studies and Pamphlets

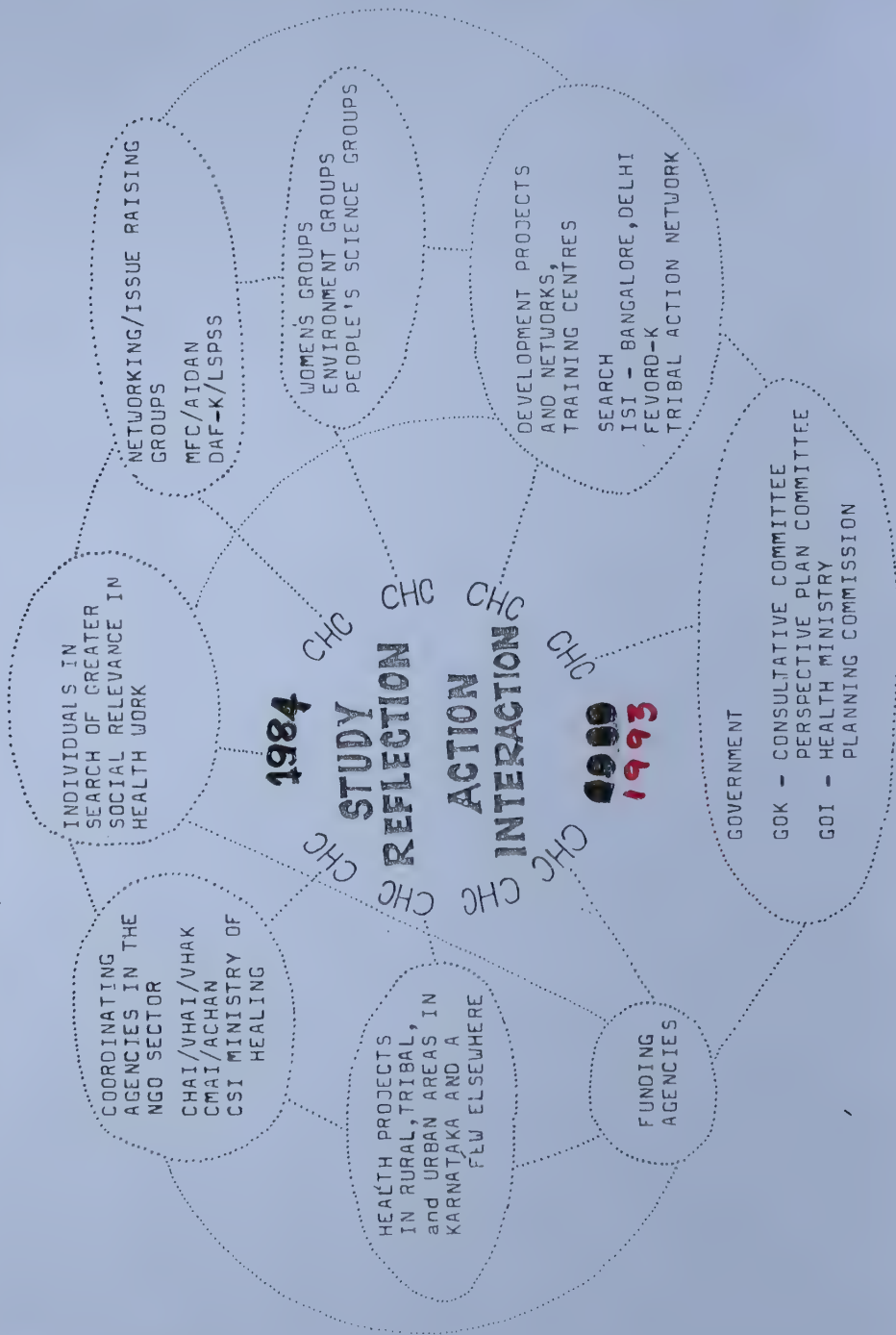
RANGE OF ISSUES EXPLORED IN COMMUNITY HEALTH 1984-93



CHC - THE WEB OF INTERACTION - LINKAGES



CHC - THE WEB OF INTERACTION



magi

CHC Activities:

- TRAINING
- NETWORKING
- RESEARCH & EVALUATION
- CHC AS A RESOURCE
- LIBRARY AND DOCUMENTATION
- TEAM AND STAFF TRANSFORMATION
- CHC CONSOLIDATION AND SABBATICAL

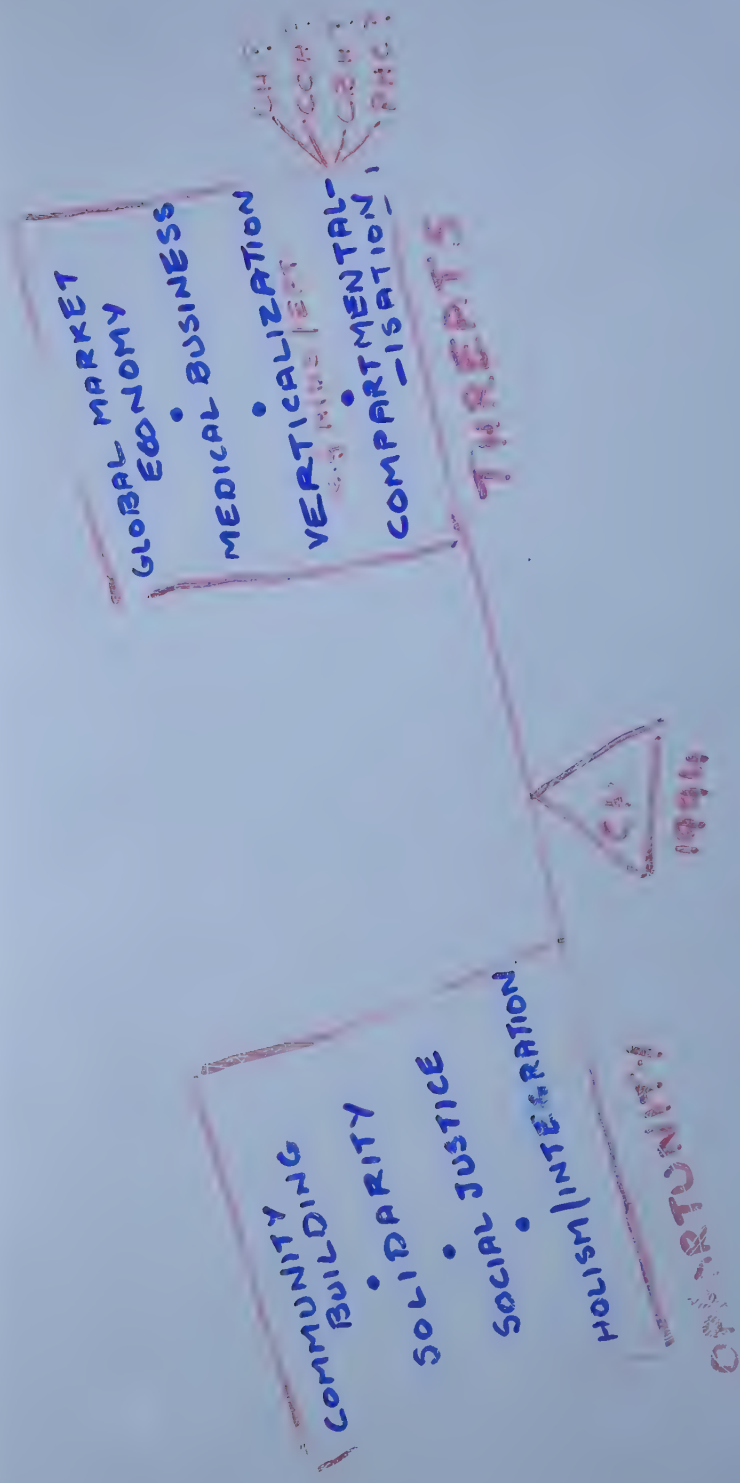
TRAINING

- JSS
- MANUSH AND RORES
- J. P. NAGAR SLUMS
- STREET CHILDREN ORGANISATIONS
- ORBIT

NETWORKING

- CH FORUM MEETINGS
- MEETINGS / WORKSHOPS ATTENDED
- VOLUNTARY ORGANISATIONS

SABBATICAL



PEOPLE'S CONTROL
 • REMYSTIFICATION
 AUTONOMY BUILDING
 BIOLOGY < Physical
 Mental
 Social

EMPHASIS

CH
 1974

NEP

NESS

PROJECT PACKAGES ↑
 VS
 PROCESS ORIENTATION ↓
 • INADEQUATE
 ORIENTATION
 ATTITUDES
 SKILLS
 VALUE

MANGALORE
MALARIA
INITIATIVE
(CIVIC SOCIETY)

WOMENS
EMPOWERMENT
TRAINING
(TB/M/AIDS included)

JANA SWASTHYA
RAKSHAK
(MP)
VILLAGE HEALTH
VOLUNTEER
(CH GUARANTEE
SCHEME)

COMMUNITY
MOBILIZATION
AND
ADVOCACY
FOR RBM
IN SOUTH ASIA

HEALTH

POVERTY

SOUTH ASIAN
DIALOGUE ON
POVERTY &
HEALTH
CIVIC SOCIETY/ACADEMIC
RESEARCHER/NGO
POLICY MAKERS

INTERSECTORAL
RESEARCH
NETWORK
(DIALOGUE &
ICMR/RBM)

PEOPLES HEALTH
PARLIAMENT-CALLUTTA
PEOPLES HEALTH
ASSEMBLY-DHAKA
15 NATIONAL NETWORKS
& 1000 participating
organizations

KEY WORDS IN THE RESEARCH APPROACH

- SPIRIT OF ENQUIRY
- OPENNESS - WANTING TO LEARN / UNDERSTAND
- TRYING TO MAINTAIN OBJECTIVITY
- CRITICAL - ANALYTICAL APPROACH
- NEED TO BE SOCIALLY RELEVANT
- INTERACTIVE
- BALLOONIST.

GOVT. VOLAG
ACADEMIC ACTIVIST
COMMUNITY

"POLICY RESEARCH"



NETWORKING

DAF

← LOCAL

STATE

VHA(K)

DAF-K

CHAI(K_a)

CHAI(S)

NATIONAL

MFC

LSPSS

VHAI

AIDAN

ASIAN

ACHAN

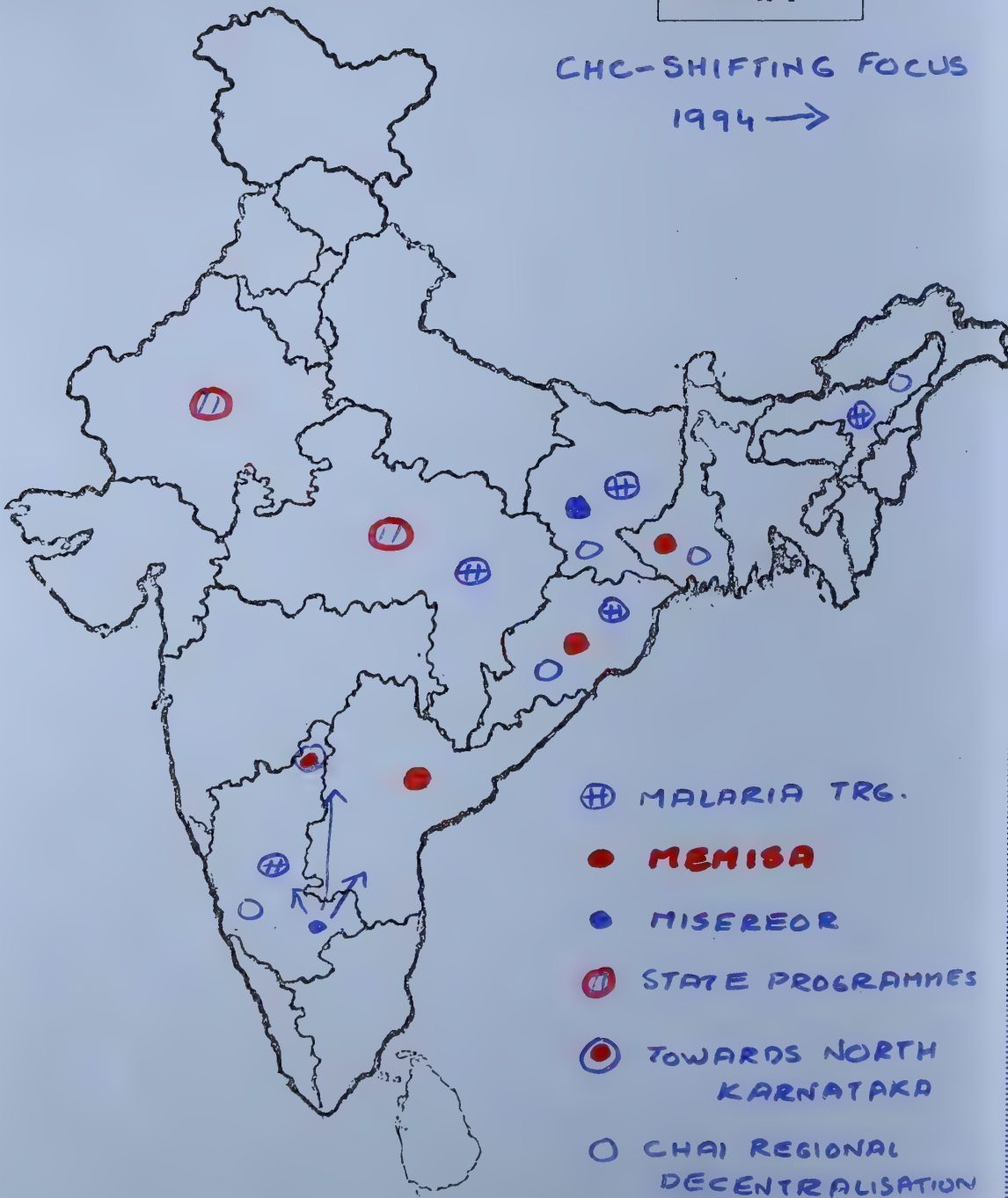
INTERNATIONAL

IPHN

INCOHSI

ಭಾರತ
भारत
INDIA

CHC-SHIFTING FOCUS
1994 →



⊕ MALARIA TRG.

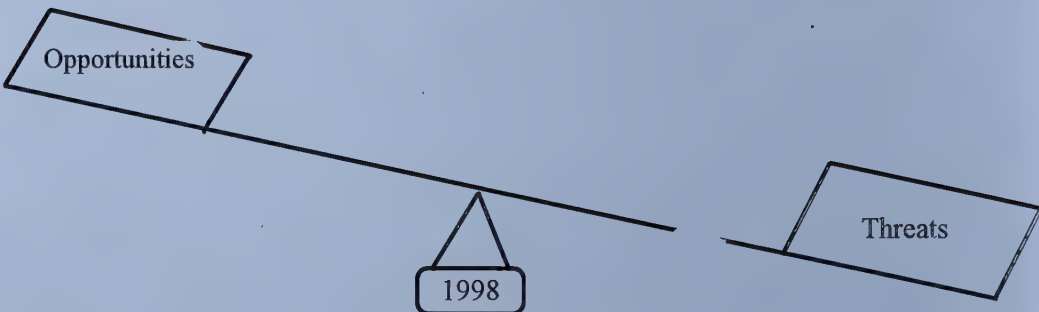
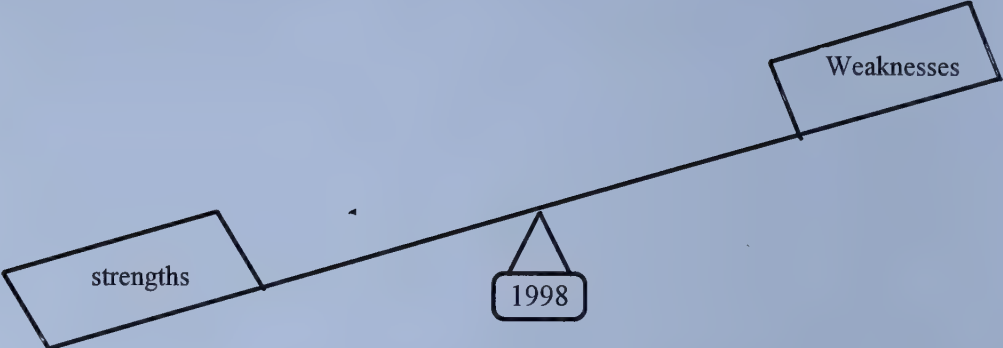
● MEMISA

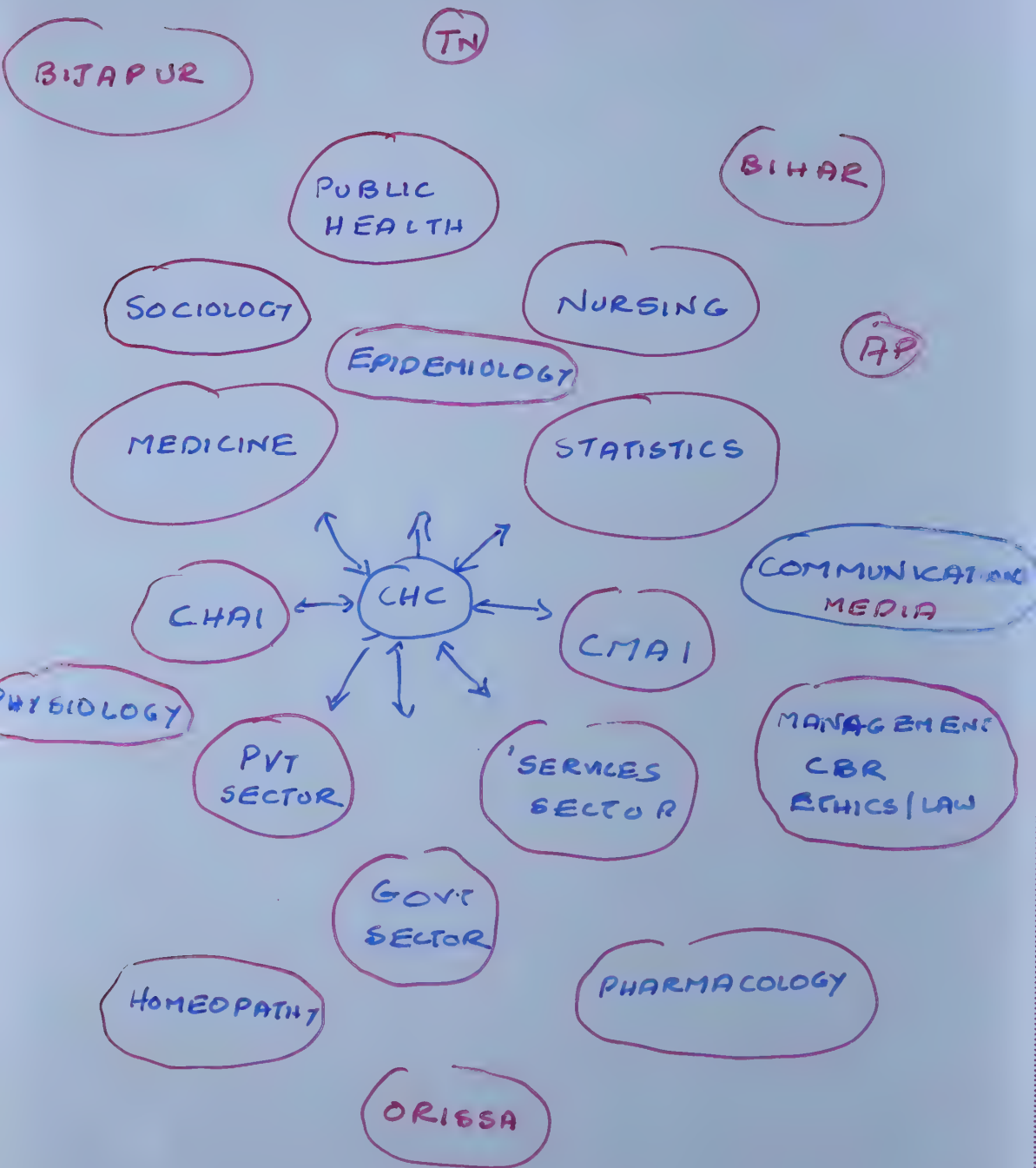
● MISEREOR

⦶ STATE PROGRAMMES

⊙ TOWARDS NORTH
KARNATAKA

○ CHAI REGIONAL
DECENTRALISATION





Issues for discussion

1. 2nd line leadership
2. Training
3. Relationships & Other Organizations
4. BIMAROU initiatives
5. Publications
6. Research, Systems Research
7. Burnout
8. Influence policy; advocacy, Lobbying

What next?

Catalyst (continue)
Centre

Alliance for movement
Combination of the above
Any other (innovative).

EVOLVING A SCENARIO (100 + 25)

CATEGORIES

GOVT

COMMUNITY HEALTH WORKERS

CLINICIAN

PSYCHIATRIST/MENTAL HEALTH

BEHAVIOURAL SCIENTISTS

MANAGEMENT

NURSING

GEN/HEALTH

PUBLIC ECONOMY

DOCTOR-ACTIVISTS

NGO/VOLAG

CONSUMER ACTIVIST

JOURNALIST/MEDIA

COORDINATING AGENCY

DEVELOPMENT TRAINER

POLICY RESEARCHERS

RADICAL RELIGIOUS

SOCIETY MEMBERS

Q1

LIST TOP TEN

HEALTH & HEALTH CARE

RELATED ISSUES

AND PROBLEMS

WHICH NEEDS

RESPONSE FROM

C.H. ACTION

Initiations?

Q2

TOP TEN ROLES

THAT PROFESSIONAL

/TECHNICAL/

CATALYST GROUP

COULD PLAY?

Q3

ANY OTHER

EMERGING

CONCERNS?

CD

SPT

DKS

PANKAJ

RAYI.D

PK

SM

MADHUKAR

MJT

ASM

PA

SARA

JV

RAO

PRABIR DEYA

RAKHAL

SUNIL

YOGESH

CHC
SCENARIO
BUILDING
EXERCISE

MRANA

RAYI

MEENA

KAMATH

PRASAD

GOPAL

SARASWATH

MADHAV

RAJESH

RAJESH

RAJESH

AVBALA

• NHANTIA

• PARVATAMMA

• PRANAB

• RATHNANATHAN

• FR IRUDAYAM

• THOMAS

• MAYA THOMAS

• THOMAS

• CHERIAN THOMAS

• KRPA

• RATHNANATHAN

• RATHNANATHAN

• RATHNANATHAN

• PREMA RAMACHANDRAN

• AMMU JOSEPH

• SANJEEV

• RATHNANATHAN

• RATHNANATHAN

• FR ABROSE

• RATHNANATHAN

• FR JOSE

• RATHNANATHAN

• UNNI-FRIED

• UMA • YEDR

• FR RATHNANATHAN

• RATHNANATHAN

• RATHNANATHAN

• NIMITTA BHANU

TOP 10 HEALTH + HEALTH CARE ISSUES

1. COMMUNICABLE DISEASES (10%)

2. DRUGS + DRUGS POLICY (10%)

3. SANITATION + ENVIRONMENT (10%)

4. TSM / ASM (34%)

5. MEDICAL EDUCATION (10%)

6. ROLE OF GOVT. IN HEALTH CARE (10%)

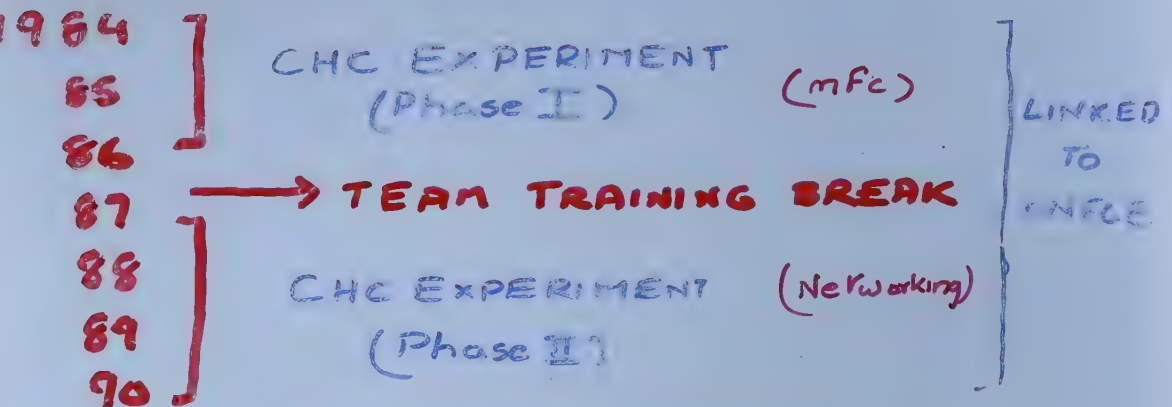
7. WOMEN'S HEALTH + STATUS (10%)

8. HEALTH POLICY ANALYSIS / DEVELOPMENT (20%)

9. RESEARCH - NEEDS / INDICATORS (10%)

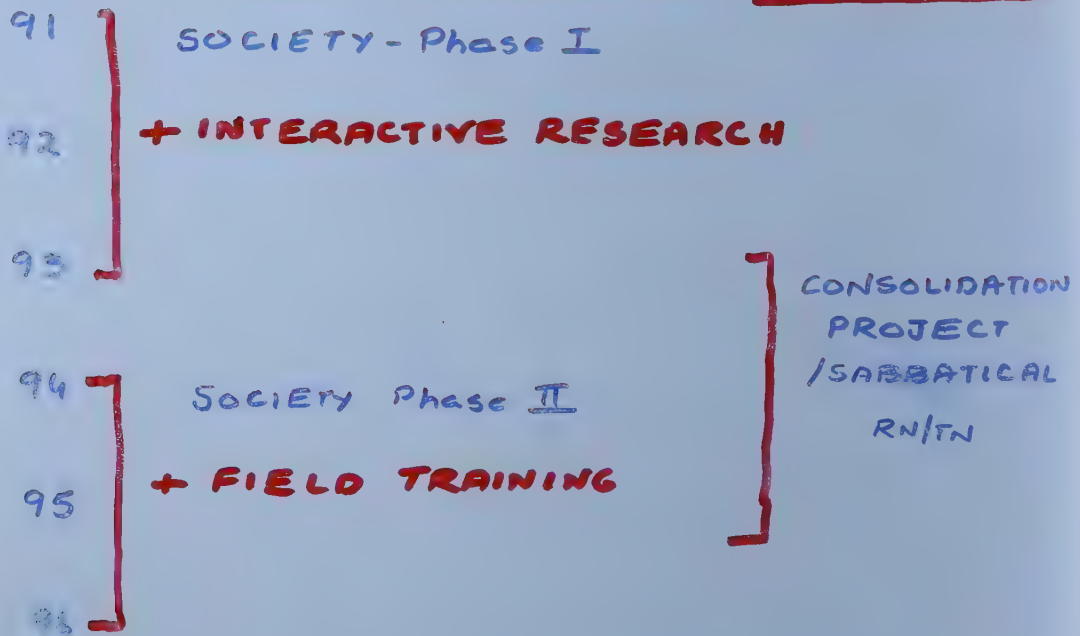
10. PROMOTING 'VOLAG' SECTOR (10%)
b) PANCHAYATI RAJ (16%)

CHC - PHASES



→ JUNE 1990 REVIEW

REGISTRATION OF S.O.CHARA



97 TRANSITION ↔ MAINSTREAMING

98 → CHC REVIEW →

WHAT NEXT →

THE CH
PARADIGM
SHIFT

CH
INFORMATION
AND
ADVISORY
SERVICE

MEDICAL
EDUCATION
REORIENTATION
—
RGUNS

CH TRAINING
PARTICIPATORY
INTERACTIVE

CHC
1990's

ALTERNATIVE
MALARIA
STRATEGY

CBCI/CHAI
HEALTH
POLICY

COMMUNITY
ORIENTED
TUBERCULOSIS
PROGRAMME

WOMENS
HEALTH
EMPOWERMENT
TRAINING

POVERTY
AND
HEALTH
POLICY
DIALOGUE

COMMUNITY ORIENTATION
OF MEDICAL EDUCATION

- DR'S WITH COMMUNITY EXPERIENCE
- MEDICAL COLLEGES
- COMMUNITY HEALTH TRAINERS

• CHAI EVALUATION
2,500 HOSPITALS/
HEALTH CENTRES
(NGO SECTOR)

• MALARIA

INTERACTIVE
COUNTRYWIDE RESPONSE
FROM PRACTITIONERS;
ALTERNATIVE APPROACH

4. TB : POLICY PROCESS +
IMPLEMENTATION OF
NATIONAL TB PROGRAMME.
INCLUSIVE OF POOR
TB PATIENTS, ELECTED REPS,
HEALTH WORKERS,
STATE + NATIONAL LEVEL.

MEDICAL COLLEGES
R.G. UNIVERSITY OF
HEALTH SCIENCES

INTERNATIONAL
NETWORK OF C.O
EDUCATIONAL INSTITUTIONS
FOR HEALTH SCIENCES

CHANGE OF NAME,
CONSTITUTION, STRUCTURE,
VISION ESPECIALLY TOWARDS
THE IMPOVERISHED AND
COMMUNITY HEALTH.

N.M.E.P.
NGO'S AS TRAINERS
MOU WITH GOVT.
DFID.
MALARIA CONFERENCE

NTP
NGO'S
DFID

THESE LEARNING EXPERIENCES ARE DERIVED FROM

FIRST PHASE - 1974 - 1983



Faculty of Community Medicine
Department at St. John's
Medical College, Bangalore.

- ❖ Community Orientation of Medical Education
- ❖ Health Care cooperative approaches
- ❖ Community Health Workers Training

SECOND PHASE - 1984 - 1993



Coordinator of Community
Health Cell, Bangalore - A
study, reflection action
experiment working with NGOs
at grassroot level

- ❖ Evolving the paradigm shift in community health (the social / community model)
- ❖ Evolution of a training and support network for community health action by NGOs and NGO networks

THIRD PHASE - 1994 - 2003



CHC's mainstreaming to
catalyse
alternative health policy
advocacy and policy action

- ❖ Campaigns and networking around
 - ⇒ Health for All Now
 - ⇒ Anti-Health Globalization
 - ⇒ Community Mobilization and Partnership
- ❖ Help to catalyse / facilitate the people's health movement

(H.A. SINGH) CENTRE FOR COMMUNITY
HEALTH

VISITING
PROFESSORS
LECTURERS

DR C.M. FRANCIS
DR Y. BENJAMIN
DR AK. CHAKRABORTY
DR. P. ZACHARIAH
MS SUJATA DEMALKAR
DR PANKAJ MEHTA
DR H. SUDARSHAN
DR PARESH KUMAR
DR. S.K. KRISHNAN
MR. AS MOHAMED

OR
COLLABORATING
RESEARCHER

OR

CHC TEAM
MEMBERS

DR SUKHANT SINGH
DR RAVI DSOUZA/RAMANI
DR ANAND ZACHARIAH

DR MADHUKAR PAI
DR PRABIR

DR DEBADASAN/ROOY
DR YOGESH JAIN
DR SUNIT KAPUR
DR PRAKASH RAO

DR. T. VARATHAN

DR GOPAL DR S P-TEKUR

DR MANI KALATH

K. GOPINATH

DR ABHAY SHUKLA

DR MATHEW ABRAHAM

DR SARA

PROF D BANERJI
DR N. H. ANTIA
DR AMARJESANI
DR ANANT PHADKE
DR DHIRUJ MANKAO
DR ULHAS JAJOO
DR SATYAMALA
DR MIRA SHIVA
DR NARENDER GUPTA
DR ABHAY/RAMI
SEARCH

ARCH TEAM

JAMKHED

ROHSA

RTU

CINI

DR UMA/SRI

DR VEDA

DR S. GANAPATHY

ETC

SJMC-CH

CMC-CHAO

ACKNOWLEDGEMENTS

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National - regional network
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- Fellow Travellers/researchers
SEARCH/ARCH/FRCH/CEHAT/LINI
- Networks - AIDAN - LSPSS - DAFK
AIPSN and others

Additional Reading

Health For All Report ICMR/ICSSR (1981)

State of Indian Health (VHA1) (1992)

Peoples Health in Peoples Hands (FRCH) 1993

CHC Publications/Reports (1984-94)

Illustrations: Shirdi Prasad Tekur (CHC Team)
Magimai Pragasam (CHC Associate)

COMMUNITY HEALTH AWARENESS TRAINING

JYOTHISADAN MARCH
2000

PARTICIPATORY FRAMEWORK

WHY COMMUNITY HEALTH COURSE ?

● TO KEEP HEALTHY

(MYSELF / OWN COMMUNITY)

● TO HELP BROTHERS / SISTERS

• SHARE KNOWLEDGE

• FIRST AID / SICKNESS CARE

• HEALTH AWARENESS

• PREVENTION OF DISEASE

• IMPROVE CONDITIONS FOR
HEALTH

• TEACH SKILLS

• PROMOTE HEALTHY LIFESTYLE

POOR / NEEDY / SICK

REMOTE VILLAGES

(ALSO TRIBAL HAMLETS
AND SLUMS)

(AVOID SICKNESS)

(HEALTHY COMMUNITY LIFE)

(AGAINST ADDICTIONS
UNHEALTHY HABITS)

● BRING PEOPLE TOGETHER FOR COMMON PROBLEM SOLVING

● GIVE ENOUGH INFORMATION / KNOWLEDGE / SKILLS TO BE ABLE TO USE EVEN IN OUR ABSENCE !

● HELP OTHER DISPENSARY / HEALTH CENTRE (HEALTH PROMOTION)

● HELP AT SPECIALIST / GENERAL CLINIC

COMMUNITY HEALTH - I

ORIENTATION OF HOSPITALS (Secondary/Tertiary Health Services)

① REGIONAL RESPONSIBILITY →



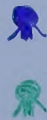
← ② REFERRAL-SERVICES CO.

③ PARTICIPATORY MANAGEMENT AND TEAM FUNCTIONING →



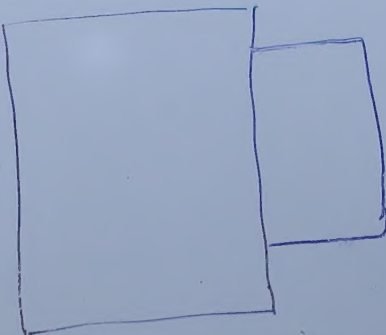
← ④ COMMUNITY INVOLVEMENT IN MANAGEMENT/EVALUATION

⑤ TRAINING OF ALL MEMBERS / LEVELS OF HEALTH TEAM + CONTINUING EDUCATION



Reading Room

Exp. Learning



⑥ COMMUNITY DIAGNOSIS
(Epidemiological approach to Problem Solving)

COMMUNITY HEALTH

II

Orientation of HOSPITALS (Secondary/Tertiary) Health Services

1) HEALTH EDUCATION
(AT ALL LEVELS/WORKERS)

2) APPROPRIATE LOW COST
TECHNOLOGICAL INNOVATION

3) RATIONAL DRUGS
/THERAPEUTIC POLICY

4) MEDICAL PLURALISM

5) SKILL TRANSFER

6) HOSPITAL CULTURE
ADAPTATIONS

ICSSR/ICMR
HEALTH FOR ALL



ALTERNATIVE
MODEL



- COMBINING BEST ELEMENTS OF
 - TRADITION/CULTURE
 - SCIENCE/TECHNOLOGY
- INTEGRATING
 - PROMOTIVE
 - PREVENTIVE
 - CURATIVE
- DEMOCRATIC/DECENTRALISED/PARTICIPATORY
- ORIENTED TO PEOPLE
 - ADEQUATE HEALTH CARE TO EVERY ONE
 - SPECIAL CARE OF VULNERABLE
- ECONOMICAL
- FIRMLY ROOTED IN THE COMMUNITY
- INVOLVING COMMUNITY IN
 - PROVISION OF SERVICES
 - INCREASING CAPACITY TO SOLVE PROBLEMS

TOWARDS HEALTH FOR ALL

